

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | SR       |        | 8-10-01  |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | H.I.     | 1079   | 09/12/01 |
| RESPONSE FORMALITY REVIEW | m        | 46     | 3/13/02  |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date     |
|----------|----------|
| Final    |          |
| Original |          |
| 1        | 1/24/02  |
| 2        | 2/24/02  |
| 3        | 3/24/02  |
| 4        | 4/24/02  |
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| 9        | 9/24/02  |
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| 13       | 1/24/03  |
| 14       | 2/24/03  |
| 15       | 3/24/03  |
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| 19       | 7/24/03  |
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| 24       | 12/24/03 |
| 25       | 1/24/04  |
| 26       | 2/24/04  |
| 27       | 3/24/04  |
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| 37       | 1/24/05  |
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| 48       | 12/24/05 |
| 49       | 1/24/06  |
| 50       | 2/24/06  |

| Claim    | Date |
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| Final    |      |
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| Claim    | Date |
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| Final    |      |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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720  
 09/13-01  
 886  
 03-14-02